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CONFIRMATION NO. 3782

<b>SERIAL NUMBER</b> 10/783,030	<b>FILING OR 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 280	<b>GROUP ART UNIT</b> 3618	<b>ATTORNEY DOCKET NO.</b> 086554-1056
<b>APPLICANTS</b> Radmond Vincent Arceta, Manassas, VA; Craig Kevin Rogers, Stephens City, VA; Kevin Thomas Fitzpatrick, Winchester, VA; Bryan Scott Ritchie, Clear Brook, VA; Marin John Philpott, Winchester, VA; Christina Louise Fortner, Stephens City, VA;				
<b>** CONTINUING DATA *****</b> <i>FB</i> This appln claims benefit of 60/448,920 02/24/2003 and claims benefit of 60/484,658 07/07/2003 and claims benefit of 60/518,649 11/12/2003 and claims benefit of 60/532,900 12/30/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>FB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 22428				
<b>TITLE</b> Medical cart, medication module, height adjustment mechanism, and method of medication transport				
<b>FILING FEE RECEIVED</b> 2686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	